

(Only for new nonprovisional applications under 37 1.53(b))

Attorney Docket No.	37505.0008
First Inventor	Panzer et al.
Title	Process For Fabrication Of Low Basis Weight Electrode Active Blanks
Express Mail Label No.	EU940429384US

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. ■ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. □ Applicant claims small entity status.
See CFR 1.27.
3. ■ Specification [Total Pages 27 /]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ■ Drawing(s) (35 USC 113) [Total Sheets 3 /]
5. ■ Oath or Declaration [Total Pages 3 /]
 - a. ■ Newly executed (original or copy)
 - b. □ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. □ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. □ Application Data Sheet. See 37 CFR 1.76

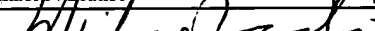
7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
 - a. ☐ Computer Readable Form (CRF)
 - b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

9. ■ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ■ Information Disclosure ☐ Copies of IDS
State (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ■ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or
its equivalent
17. ■ Other: Credit Card Forms for \$40.00 and \$1,032.00

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of the prior application No: /

Prior application information: Examiner: _____ Group/Art Unit: _____
 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

Customer Number or Bar Code Label 33/51 or Correspondence address below

NAME		Michael F. Scalise			
		Wilson Greatbatch Technologies, Inc.			
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Name (Print/Type)		Michael F. Scalise	Registration No. (Attorney/Agent)		34,920
Signature			Date	September 22, 2003	

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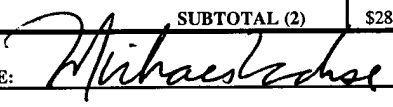
Date of Deposit September 22, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Alexandria, VA 22313-1450.

Rosemarie Contella
Name

Rosemarie Connel
Signature

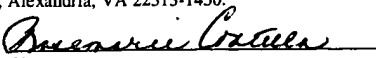
FEE TRANSMITTAL for FY 2002 <i>Patent Fees are subject to annual revision.</i>		PTO/SB/17 (11/01) Approved for use through 10/31/2002, OMB 0651-0032	
		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
Group/Art Unit		September 22, 2003	
Panzer, et al.			
TOTAL AMOUNT OF PAYMENT		(\$) 1,072.00	
G Applicant claims small entity status. See 37 CFR 1.27.		Attorney Docket Number	
		37505.0008	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)								
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None Deposit Account: Deposit Account Number: <u>502460</u> Deposit Account Name: _____ The Commissioner is hereby authorized to (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below Charge any fee deficiencies or credit any overpayments <input type="checkbox"/> Charge any additional fees during pendency of this application. <input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account				3. ADDITIONAL FEES								
				<u>Large Entity</u>		<u>Small Entity</u>		Fee Description	Fee Paid			
				Fee Code	Fee (\$)	Fee Code	Fee (\$)					
				105	130	205	65					
				Surcharge - late filing fee or oath								
				127	50	227	25	Surcharge - late provisional filing fee or cover sheet		\$		
				139	130	139	130	Non-English specification		\$		
				147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination		\$		
				1. BASIC FILING FEE								
				<u>Large Entity</u> <u>Small Entity</u>								
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid						
101	750	201	375	Utility filing fee		\$750						
106	330	206	165	Design filing fee		\$						
107	520	207	260	Plant filing fee		\$						
108	750	208	375	Reissue filing fee		\$						
114	160	214	80	Provisional filing fee		\$						
SUBTOTAL (1)				\$750								
2. EXTRA CLAIM FEES FOR UTILITY/ REISSUE												
Extra Fee from												
Claims below												
Total Claims /31 / - 20** = /11 / x /18 /				\$198								
Independent Claims /4 / - 3** = /1 / x /84 / =				\$84								
Multiple dependent / / x / / =				\$								
<u>Large Entity</u> <u>Small Entity</u>												
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid						
103	18	203	9	Claims in excess of 20		\$						
102	84	202	42	Independent claims in excess of 3		\$						
104	280	204	140	Multiple dependent claim if not paid		\$						
109	84	209	42	**Reissue independent claims over original patent		\$						
110	18	210	9	**Reissue claims in excess of 20 and over original patent		\$						
SUBTOTAL (2)				\$282								
SIGNATURE: 												
Michael F. Scalise Reg. No. 34,920				146	750	246	375	Filing a submission after final rejection(37 CFR 1.129(a))		\$		
DATE: September 22, 2003 Telephone: (716) 759-5810				149	750	249	375	For each add'l invention to be examined(37 CFR 1.129(b))		\$		
				179	750	279	375	Request For Continued Examination (RCE)		\$		
				169	900	169	900	Request for Expedited Examination of a design appln.		\$		
				Other fee (specify) _____								\$
				*Reduced by basic filing fee paid								\$40
				SUBTOTAL (3)								

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Rosemarie Contella
 Name


 Signature

September 22, 2003
 Date of Signature